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Short Paper

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1. Part A Drug Therapy

The current researcher developed inhibitors of the HIV virus, after conceptualisation prior to 2000. To protect intellectual property the release of information only in general terms if provided. The inhibitors act on glycoprotein attachment sites utilised by the HIV virus. Inhibition of attachment by HIV resulted in negation of successful entry by HIV into the human cellular biology. The inhibitor drug therapies for HIV satisfied classification as being curative. The researcher was also investigating similar drug development for Ebola Virus which also enters by way of glycoprotein attachment to the cellular biology. The initial validity of glycoprotein inhibition was initially established based partly on the successful treatment of blood coagulation disorders using glycoprotein IIb/IIIa inhibitors. Drug treatments were developed for other infectious disease. The modality of site attachment inhibition in medication based therapies is clearly the invention of the current author and was first conceptualised before the year 2000. The first branch (or mechanism of action) for antimicrobials was negation of cellular replication. Site Attachment Inhibition involves negation of attachment by the infectious agent to the human cellular biology. Documentation was provided to Recent Advances in Clinical Trials. In addition, further detail regarding the inhibitor mechanisms for different drugs invented was provided to Recent Advances in Clinical Trials.

2. Part B

The current researcher also conceptualised mutagenesis and knockout of the CCR5-Δ32 gene in order to achieve innate resistance and immunity to HIV. Furthermore, the current author has done this for other infectious diseases including Ebola. The current author initially placed this also under site attachment inhibition. However, the researcher is now of the opinion that it is better placed under transfer inhibition. The HIV virus uses the CCR5-Δ32 receptor to facilitate transfer as opposed to the key use of the receptor being for the purposes of attachment. Embryonic stem cell therapy was chosen based on: (a) Greater ability to penetrate all cells. (b) Mutagenesis at the embryonic and earlier stages will ensure all cells in

the adult specimen will be treated effectively, including the germline. It may be difficult to immunise all embryos using the above technique given that some women don't become aware of their pregnancy until later stages. Then again the germline of those immunised would also carry the mutated gene (or, genetic alteration) passing on the innate resistance or immunity. The researcher developed a technique for the same to be achieved through mutagenesis and knockout at stages of spermatogenesis and oogenesis. It may be that the population could all be treated this way with their offspring immune to the given infectious diseases. The researcher also developed the technique for other infectious diseases. Further detail has been provided to Recent Advances in Clinical Trials private and confidential. The current author was invited to mentor postgraduate research students at Melbourne University by a Professor with a special interest in childhood immunization. Dr Simon Raymond declined the invitation due to schedule issues.

The current author has invented new generation immunisation and the new branch (or mechanism) of antimicrobial action, namely site attachment inhibition. Other Discussions In conferences internationally the author discussed CRISPR and CRISPR Cas-9. This is gene editing and is different to mutagenesis and knockout. The author had documented that he was ahead of all others in this technology, however certain persons in Britain were then awarded the nobel peace prize for its apparent invention. Britain is connected to illegal government activities and this is partly indicated in the attached reference and has been detailed to MPs of Australia (AASOCI, 2017). CRISPR and CRISPR Cas-9 does not detract from the fact that the current author was the first person to invent the cure for HIV and also the inventor of the new branch of antimicrobials site attachment inhibition in which more antimicrobials are likely to come from. In response to the scientists winning the nobel peace prize, the current author has provided evidence to Recent Advances in Clinical Trials that he gained entry into medical school. The scientists above would not have been able to do that due to their lower level ability. The current author has provided the journal details regarding entry into medical school. The current author is unsure as to whether he will proceed with bringing the inventions to the market due to hostility received from physicians in Australia after stating that he was looking to ban certain doctors and their family members. The current author is considering leaving Australia due to the above issue. The current author believes that inventors should be allowed to seek the above based on the right to decide who has accesses to the products of their IP.

If the current author does not wish to proceed with the cure for HIV and/or new branch (mechanism of action) of antimicrobial therapy then no other person should attempt to continue on with the work and it viewed as a crime. No new branch (mechanism of action) revolving around site attachment inhibition or transfer inhibition should come out. Immunization and cure using the methods described would be a crime if the current researcher does not wish to proceed. The crime of bringing out the inventions without the permission of the current researcher would be the most serious crime there is and require serious follow up of not only the perpetrators but also their descendants and relatives (AASOCI, 2017).

In Summary the current author is the inventor of: 1). The new branch (or mechanism) of antimicrobial therapy, namely site attachment inhibition and this primarily comprises drug therapy. 2). The concept of

mutagenesis and knockout of the CCR5-Δ32 receptor to achieve innate resistance and immunity to HIV. The current author is the inventor of this both at the embryonic stage and also earlier stages including oogenesis and spermatogenesis. Multiple infectious diseases were covered. The current author is published in peer reviewed Journals Indexed by Harvard University as the inventor of the cure for HIV and also the inventor of antimicrobials.

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Biography

Dr Simon Raymond studied medicine MBBS at Monash University, commencing in 2003. He completed the first three years of the five years medical degree at Monash and the remainder overseas. Dr Simon Raymond was categorised by Monash University as ‘high achieving.’ Dr Simon Raymond also has a Monash University BMedSc (Hons) and qualifications in public health. Dr Simon Raymond is indexed by Harvard University as the inventor of the cure for HIV and new antimicrobial mechanism of action, site attachment inhibition. Dr Simon Raymond is affiliated with Harvard Medical School and Harvard University.